



4601 Emory Lane
Charlotte, NC 28211
(704) 366-4351

Dear Parent,

Welcome to Adventist Christian Academy of Charlotte. We are honored that you are considering this school for your child. We believe that educating a child is a team effort – that parents, teachers, and the whole school community contribute to the physical, mental, social, and spiritual development of each child.

This folder contains registration materials for your child. Please complete each form accurately and neatly.

1. Student Application – all students
2. School Entry Medical Examination – new students
3. Medical Consent for Treatment – all students)
4. Student Pick-up Authorization Form – all students
5. Emergency Information Card – all students
6. Tuition and Fee Schedule
7. Media and Technology Agreement – one per family
8. Acceptable Use Agreement for Internet and Other Electronic Resources document – one per family with a student in grade three and up. Please read with your child.
9. Before and After School Care Program – One per family.

Other Items of Importance.

1. ACA Students must wear a collared button down Polo shirt of any color. Students may wear any uniform approved slacks, skirts, jumpers, dresses and shorts in navy blue or khaki from any local store.
2. School hours are from 8:30 a.m. – 3:30 p.m. Monday to Thursday. 8:30 a.m. - 2:30 p.m. Friday . Doors open at 8:15 a.m. Aftercare Starts at 3:45 p.m. Monday_ Thursday and 2:45 p.m. on Friday.
3. Students must bring their own lunches to school,
4. It is important for each parent and student to read the ACA Handbook. You can find it online at www.adventistchristianacademy.org → Handbook/Forms → School Handbook.

If you have any questions, please call the school office.



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Good to know

School Hours

8:30 a.m. – 3:30 p.m. Monday-Thursday

8:30 a.m. – 2:30 p.m. Friday

- The school calendar is available on the school website, www.adventistchristianacademy.org.
- We do have hot lunch every day! Please keep notice of our hot lunch program menu that will be sent out a week in advance.
- We do have microwaves.
- Students are required to wear uniforms. Below is required uniform colors and clothing.
 - Top: Collared, button down Polo shirts (White, Dark Blue, Light Blue, Hunter Green and Yellow)
 - Bottom: Navy Blue or Khaki pants (NO SWEATS OR PAJAMA BOTTOMS!)
- Uniform sweaters are available through the office
- No Jewelry on School campus
- Every Fridays: 8th graders Pizza fundraising & dress down(\$5PIZZA, \$1 DD)



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Registration Checklist

Date Received: _____

NAD ID: _____

Year: 2026/2027

For Grade: _____

Name of Student: _____

Documents for all students:

- Student Application
- Medical Consent for Treatment
- Student Pick-up Authorization Form (one per family)
- Emergency Information Card (one per family)
- Media and Technology Agreement (one per family)
- Acceptable Use Agreement for Internet and Other Electronic Resources document – one per family with a student in grade three and up. Please read with your child.
- Financial Responsibility Form

Documents for new students:

- Birth Certificate
- School Entry Medical Examination
- Immunization record (from your healthcare provider)
- Transcript Release Request for student records authorization Date: _____
- "Good to Know" sheet

Document for students entering seventh grade:

- Immunization record which includes Tdap and Meningo

Optional Documents:

- Application for tuition assistance
Date Filed: _____

Finances:

Application Fee: \$55.00 New Student

Registration Fee: \$450.00 (25% Nonrefundable)

- Application fee paid \$_____ Date: _____
- Registration fee paid \$_____ Date: _____
- Tuition payment plan in place Yes_____ No__



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Student Application

Student Demographic

NAD ID: _____

Grade Entering: _____

Last Name	Middle	First	Name Used
Date of Birth- MM/DD/YYYY		Gender Male/Female	
Address-Street	City	State	Zip
Church Affiliation		Baptized Yes ___ No ___ Date: _____	
Does the student have a current IEP? Yes ___ No ___ If yes, please explain.			

Previous Academic Institution

School Name			Grade:
Address-Street	City	State	Zip
Telephone		Fax	

Parent/Guardian information

1. Name		Relationship to student	
Address-Street	City	State	Zip
Telephone		Email	
Church Affiliation		Baptized Yes _____ No _____	
2. Name		Relationship to student	
Address-street	City	State	Zip
Telephone		Email	
Church Affiliation		Baptized Yes _____ No _____	
3. Name		Relationship to student	
Address-Street	City	State	Zip
Telephone		Email	
Church Affiliation		Baptized Yes _____ No _____	
Additional Student at ACA	Grade	Additional Student at ACA	Grade
Additional Student at ACA	Grade	Additional Student at ACA	Grade

We, the undersigned, pledge to uphold the policies and principles as outlined in the current Adventist Christian Academy student handbook and to accept full financial responsibility according to the published financial policies and contract. To the best of our knowledge the questions on this application are answered completely and truthfully.

Father's Signature

Mother's Signature

Guardian's Signature

Date:



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Transcript Release Request

Parents or Guardian please complete this form and return to the ACA of Charlotte School Office.

Present or Previous school:

School Name _____

School Phone Number _____

School Fax Number _____

School Address _____

City, State and Zip _____

Permission is hereby granted for a complete transcript showing all former and current grades, IQ and Achievement Test scores, psychological evaluations (if any), health records, and other pertinent information from the student's permanent record to be released to:

Adventist Christian Academy
4601 Emory Lane
Charlotte, NC, 28211
Phone: 704-366-4351
Fax: 704-367-1872
acaoffice@adventistchristianacademy.org

This information, once received by Adventist Christian Academy, will be used by school personnel only for the purpose of identifying educational needs and providing services necessary for the above named student.

Student's Name: _____ Current Grade: _____

Parent's Signature: _____ Date: _____

PLEASE SEND BY EMAIL(PREFERRED), POST, OR FAX



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Financial Responsibility Form

This form is required of all students before each school year. A Parent or guardian must sign.

Who is financially responsible? _____ Relationship to student: _____

Student (1): _____

Student (2): _____

Student (3): _____

Student (4): _____

Parent/Guardian Section:

As the parent/guardian of the above student(s), I acknowledge that I have read the Charlotte Adventist Christian Academy (**ACA**) School Handbook, in particular, the sections related to Financial Information and Tuition/Registration/Application Fees.

The annual tuition is broken down into ten-twelve payments with the last payment due in July. Tuition payments are due on or before the 15th and are considered late on the 18th of each month. Registration is an annual fee due in July. Miscellaneous charges not covered by this amount are billed monthly and are due upon receipt. Application and Registration fees are NON-REFUNDABLE.

I understand that if my account becomes past due, the following Past Due Actions will be taken.

I understand that Charlotte Adventist Christian Academy (**ACA**) may refer my account to a collection agency. I further understand that I am responsible for paying the collection agency fee, together with all costs and expenses, including reasonable attorney's fees necessary for the collection of my delinquent account.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____ Relation to Student(s): _____

Mailing address: _____ City: _____
_____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ () Home, () Mobile, () Work

Phone Number: _____ () Home, () Mobile, () Work

Past Due Actions:

30 Days: A letter is sent to the financial sponsor requesting payment. The Finance Committee and School Board Chair are notified.

45 Days: The financial sponsor will be contacted by a member of the Finance Committee. The student(s) will not be allowed to attend classes until suitable arrangements have been made. Adventist Christian Academy (**ACA**) Charlotte reserves the right to take legal action to collect ignored past due balances. Any costs incurred in the collection of unpaid balances will be added to the account. We understand that circumstances sometimes change. Please communicate any changes that may cause tardy payments to the office before they become an issue.



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Application for Tuition Assistance

School Year 2025 – 2026

Parent/Guardian Section:

1. _____
Name

_____ Address City State Zip

_____ Home Phone Mobile Phone Work Phone

_____ E-mail

2. **Student name(s):** _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Other dependents in your family: _____

3. Who of your family is a member of the Sharon SDA church? _____

Monthly Tuition Cost (A)	Requested Assist per month (B)	My monthly Commitment = A - B
\$ 595.00 (Grades Pre-K-4)		
\$ 627.00 (Grades 5 & 6)		
\$ 680.00 (Grades 7 & 8)		

- A. I have relatives who can assist in meeting our educational expenses. () Yes () No
- B. Have you requested assistance from other sources? () Yes () No
- 4. Have you applied for Children’s Scholarship Fund? () Yes () No
- 5. Have you applied for Opportunity Scholarship? () Yes () No
- 6. **Have you applied for a needs-based scholarship at www.parent.blackbaud.school?** () Yes () No

By signing this application, I am stating that all answers to the questions asked in this application are true. I understand that in order for scholarship funds to be applied to my account each month, I must keep current with my agreed upon payment.

Parent/Guardian Signature: _____ Date: _____

Please complete and sign the monthly expense section on the next sheet

Do not write below this line Revised 02/13/2026

Forms / Documentation ready for Interviews? _____ Interview date: _____
Interviewers: _____
TAC Decision date: _____
Approve / Decline / Retain pending additional funding availability: _____
Duration: 1 Semester, Full year: _____
Additional documentation / interview requirements: _____



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**Please enter your normal monthly income
and expenses:**

NAME: _____

After Tax Income	
After Tax Income - Spouse	
Total Monthly Income	\$

Tithe	
Church Budget	
Mortgage	
Savings	
Food	
Household	
Education	
Utilities (Electric, Gas, Water)	
Phones	
Clothing	
Automobile payments / lease	
Auto Gas	
Eating Out	
TV & Cable	
Personal Discretionary	
Credit card debt payments	
Other (maintenance, child support...)	
Total Expenses	\$

Net Income	\$
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By signing this budget, I am stating that all answers given above are true to the best of my knowledge

Signature _____ Date _____



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School Entry Medical Examination

The physician should complete this form on children initially entering a Carolina Conference School.

Child's Name:	Date of Birth:
Parent's Name:	Telephone Number:
Address:	

I have examined the above named child and obtained a medical history. The following medical findings are noted below:

Hearing	
Visual	
Other	

[]	There were no apparent medical findings which restrict participation in routine school activities.
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The following is a list of medical findings, activities that should be restricted, and the length of the restriction:

Medical Finding	Restricted Activities	Restriction End Date

Physician's Signature: _____
Physician's Address: _____

Date: _____
Office Phone: _____
Office Fax: _____



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Certificate of Immunization

Students Name _____

Section A: Required immunizations for school attendance are listed below. Every child shall be immunized against the following diseases by receiving the specified minimum doses of vaccine by the specified age.

Immunization records to be completed only by a healthcare provider

Enter the date of each dose – Month/Day/Year

Vaccine	1	2	3	4	5
DTP, DTaP, DT					
Polio					
Hib					
Hepatitis B					
MMR					
Measles					
Mumps					
Rubella					
Varicella					

<p>Exemptions from N.C. State Immunization Law requires that a statement must be on file at school in a student's permanent record. Exemptions must meet requirements of the law. Consult your local health department.</p> <p><input type="checkbox"/> Medical <input type="checkbox"/> Religious Exemptions</p>	<ul style="list-style-type: none"> • State Law Requires the following minimum doses: • 5DTP, DTaP, DT doses (if 4th dose is after 4th birthday, 5th dose is not required) • 4 Polio Vaccine doses (if 3rd dose is after 4th birthday, 4th dose is not required) • 1 Hib dose – At least 1 Hib on/after 15 months of age and before 5 years of age (not required after 5) • 2 MMR doses (1st dose on/after 1st birthday)
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No child shall attend a school, whether public, private or religious, unless a certificate of immunization indicating that the child has received the immunizations is presented to the school. The parent or guardian must present a certificate of immunization on the child's first day of attendance to the principal. If a certificate of immunization is not present on the first day, the principal shall present a notice of deficiency to the parent or guardian. The parent or guardian shall have 30 calendar days for the first day of attendance to obtain the required immunization for the child. If the administration of vaccine in a series of doses given at medically approved intervals requires a period in excess of 30 calendar days, additional days upon certification by a Physical may be allowed to obtain the required immunization. Upon termination of 30 calendar days or the extended period, the principal shall not permit the child to attend the school or school or facility unless the required immunization has been obtained.

SECTION B: Medical Exemption

I certify that the above named child is granted a medical exemption. A signed statement indicating reason is attached.

Yes, the statement is attached.

The above named child has received the above immunization required for school attendance or has been granted a medical exemption which is attached.

Medical Provider's Name (print) _____ Medical Provider's signature/stamp _____

SECTION C: Religious Exemption: A child may be exempt from the requirements upon submission of a written statement of a bona fide religious beliefs and oppositions to the immunization requirements



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Medical Consent for Treatment

Student Name: _____

Parent Name: _____

Parent Phone Number: _____

Alternative Contact: _____

Alternative Phone Number: _____

Hospital Preference: _____

Doctor Name and Phone Number: _____

Ins. Company: _____ Policy No: _____

Known Allergies (Food/Meds/other): _____

Please provide any and all OTC & Rx Medication your child can take.

Approved Over the Counter Medication: _____

Prescription Medication: _____

In a life threatening situation where all efforts to contact me have failed, I hereby authorize an adult representative from Adventist Christian Academy to consent to emergency medical and/or hospital care as deemed necessary for my child. I understand that ACA insurance will cover medical expenses up to \$500. I am aware that my insurance will then be responsible for any remaining costs.

Parent/Guardian Signature

Date:

Print Name



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Acceptable Use Agreement for Internet and Other Electronic Resources

Adventist Christian Academy recognizes the value of computer and other electronic resources to improve student learning and enhance the administration and operation of its school. To this end, the school administration encourages the responsible use of computers; computer networks, including the Internet; and other electronic resources in support of the mission and goals of Adventist Christian Academy.

Because the Internet is an unregulated, worldwide vehicle for communication, information available to staff and students is impossible to control. Therefore, Adventist Christian Academy adopts this policy governing the voluntary use of electronic resources and the Internet in order to provide guidance to individuals and groups obtaining access to these resources on Adventist Christian Academy owned equipment.

Adventist Christian Academy Rights and Responsibilities

It is the policy of Adventist Christian Academy to maintain an environment that promotes ethical and responsible conduct in all online network activities by staff and students. It shall be a violation of this policy for any student, or other individual to engage in any activity that does not conform to the established purpose and general rules and policies of the network. Within this general policy, Adventist Christian Academy recognizes its legal and ethical obligation to protect the well-being of students in its charge. To this end, the Adventist Christian Academy retains the following rights and recognizes the following obligations:

1. To log network use and to monitor file server space utilization by users, and assume no responsibility or liability for files deleted due to violation of file server space allotments.
2. To remove a user account on the network.
3. To monitor the use of online activities. This may include real-time monitoring of network activity and/or maintaining a log of Internet activity for later review.
4. To provide internal and external controls as appropriate and feasible. Such controls shall include the right to determine who will have access to Adventist Christian Academy owned equipment and, specifically, to exclude those who do not abide by the Adventist Christian Academy's acceptable use policy or other policies governing the use of school facilities, equipment, and materials. Adventist Christian Academy reserves the right to restrict online destinations through software or other means.
5. To provide guidelines and make reasonable efforts to train staff and students in acceptable use and policies governing online communications.

Staff Responsibilities

1. Staff members who supervise students, control electronic equipment, or otherwise have occasion to observe student use of said equipment online shall make reasonable efforts to monitor the use of this equipment to assure that it conforms to the mission and goals of the Adventist Christian Academy.
2. Staff should make reasonable efforts to become familiar with the Internet and its use so that effective monitoring, instruction, and assistance may be achieved.



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User Responsibilities

Use of the electronic media provided by Adventist Christian Academy is a privilege that offers a wealth of information and resources for research. Where it is available, this resource is offered to staff, students, and other patrons. In order to maintain the privilege, users agree to learn and comply with all of the provisions of this policy.

Acceptable Use

1. All use of the Internet must be in support of educational and research objectives consistent with the mission and objectives of the Adventist Christian Academy.
2. Proper codes of conduct in electronic communication must be used. In newsgroups, giving out personal information is inappropriate. When using e-mail, extreme caution must always be taken in revealing any information of a personal nature.
3. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
4. All communications and information accessible via the network should be assumed to be private property.
5. Subscriptions to mailing lists and bulletin boards must be reported to the system administrator. Prior approval for such subscriptions is required for students.
6. Mailing list subscriptions will be monitored and maintained, and files will be deleted from the personal mail directories to avoid excessive use of file server hard-disk space.
7. Exhibit exemplary behavior on the network as a representative of your school and community. Be polite!
8. From time to time, Adventist Christian Academy will make determinations on whether specific uses of the network are consistent with the acceptable use practice.

Unacceptable Use

1. Giving out personal information about another person, including home address and phone number, is strictly prohibited.
2. Any use of the network for commercial or for-profit purposes is prohibited.
3. Excessive use of the network for personal business shall be cause for disciplinary action.
4. Any use of the network for product advertisement or political lobbying is prohibited.
5. Users shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
6. No use of the network shall serve to disrupt the use of the network by others. Hardware and/or software shall not be destroyed, modified, or abused in any way.
7. Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
8. Hate mail, chain letters, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network.
9. Use of the network to access or process pornographic material, inappropriate text files (as determined by the system administrator or building administrator), or files dangerous to the integrity of the local area network is prohibited.
10. The Adventist Christian Academy network may not be used for downloading entertainment software or other files not related to the mission and objectives of Adventist Christian Academy for transfer to a user's home computer, personal computer, or other media. This



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11. prohibition pertains to freeware, shareware, copyrighted commercial and non-commercial software, and all other forms of software and files not directly related to the instructional and administrative purposes of Adventist Christian Academy.
12. Downloading, copying, otherwise duplicating, and/or distributing copyrighted materials without the specific written permission of the copyright owner is prohibited, except that duplication and/or distribution of materials for educational purposes is permitted when such duplication and/or distribution would fall within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC).
13. Use of the network for any unlawful purpose is prohibited.
14. Use of profanity, obscenity, racist terms, or other language that may be offensive to another user is prohibited.
15. Playing games is prohibited unless specifically authorized by a teacher for instructional purposes.
16. Establishing network or Internet connections to live communications, including voice and/or video (relay chat), is prohibited unless specifically authorized by the system administrator.

Disclaimer

1. Adventist Christian Academy cannot be held accountable for the information that is retrieved via the network.
2. Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq.), notice is hereby given that there are no facilities provided by this system for sending or receiving private or confidential electronic communications. System administrators have access to all mail and will monitor messages. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.
3. Adventist Christian Academy will not be responsible for any damages you may suffer, including loss of data resulting from delays, non-deliveries, or service interruptions caused by our own negligence or your errors or omissions. Use of any information obtained is at your own risk.
4. Adventist Christian Academy makes no warranties (expressed or implied) with respect to:
 - o the content of any advice or information received by a user, or any costs or charges incurred as a result of seeing or accepting any information; and
 - o any costs, liability, or damages caused by the way the user chooses to use his or her access to the network.

Adventist Christian Academy reserves the right to change its policies and rules at any time.
Parents and students please sign the attached Media and Technology Agreement



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Media and Technology Agreement

Please read each selection carefully then circle YES or NO to indicate your preference.

- YES NO You may include images of my child in slideshows or videos that are shown in area churches.
- YES NO You may post my student's image in printed promotional material (such as brochures).
- YES NO You may post my student's image on a teacher's individual blog or websites.
- YES NO You may post my student's image in local newspapers or on TV news or promotions.
- YES NO You may post my student's image on a third-party web page promoting ACA.

I hereby consent and authorize Adventist Christian Academy, or its assigns, to use my child's likeness photos, videos and other information as indicated above. I hereby release Adventist Christian Academy from all liability in connection with all such uses.

_____	_____	_____
Student's Name	Parent's Signature	Date

_____	_____	_____
Student's Name	Parent's Signature	Date

_____	_____	_____
Student's Name	Parent's Signature	Date

_____	_____	_____
Student's Name	Parent's Signature	Date

Acceptable Use Policy for Technology: User Agreement

I have read, understand, and will abide by the ACA Acceptable Use Policy when using computers and other electronic resources owned, leased, or operated by ACA. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be initiated.

_____	_____	_____
User's Printed Name	User's Signature	Date

_____	_____	_____
User's Printed Name	User's Signature	Date

_____	_____	_____
User's Printed Name	User's Signature	Date

As a **parent or guardian** of _____, I have reviewed the Acceptable Use Policy. I understand that this access is designed for educational purposes. ACA has taken reasonable steps to control access to the Internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold ACA responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use network resources, including the Internet, that are available through ACA.

_____	_____	_____
Printed Name	Parent's/guardian's Signature	Date



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Student Pick-Up Authorization Form

To better ensure the safety of your child, we are asking that all parents/guardians fill out this form. We realize that there are times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us.

Please list all people, including yourself, to whom ACA is authorized to release your child. If we do not know the person who asks to pick up your child, we will ask for identification. If the person asking to pick up your child is not on the list, you will have to contact ACA before we will release your child to that person.

Please list all people, including yourself, to whom ACA is authorized to release your child.

Print Student's Full Name:		
	Name of Authorized Person	Relationship to Student
Ex.	Mary Smith	Neighbor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Parent/Guardian Signature:	Date:
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EMERGENCY INFORMATION CARD

Please print clearly.

Student Name		Grade		Date Completed	/ /
Student Name		Grade			
Student Name		Grade			
Student Name		Grade			
Home Telephone		First Emergency Contact #			

Where can parents or guardians be reached if not at home?

Father's Name		Mobile #		Work #	
Mother's Name		Mobile #		Work #	

Two relatives or friends who can be called if parents or guardians cannot be reached

Name/Relationship		Mobile #		Other #	
Name/Relationship		Mobile #		Other #	

Additional Information